## **Application for Self-Insurance Checklist**

Completed Application
Statement of Financial Status Prepared in accordance with generally accepted accounting principles, covering a one- year period ending not more than twelve (12) months before the date of application, and audited by a certified public accountant.
Excess Insurance A copy of the declaration sheet of any excess insurance policy intended as partial security.
<ul> <li>Written Estimate of Loss Reserve</li> <li>Either of the following: <ul> <li>Prepared by a qualified actuary.</li> <li>Prepared in conformity with the loss reserve methodology approved for utilization by a qualified actuary within the two-year period immediately preceding the date of original application and certified by an owner, officer or director.</li> <li>Prepared by a casualty insurance company.</li> </ul> </li> </ul>
Claim Contact Copy of written authorization designating a specific person to receive and process claims.
<ul> <li>Sample Claim Form</li> <li>A copy of a claim form to be used to submit a claim for benefits. The claim form shall include all the following information: <ul> <li>A statement of claimant's right to personal protection insurance benefits, property protection insurance benefits, and residual liability insurance benefits under the nofault law.</li> <li>A statement of a self-insurer's responsibility to pay claims in a timely manner.</li> <li>An instruction that directs claimants to contact the Secretary of State concerning a self-insurer's failure to fulfill its responsibilities under the no-fault law.</li> </ul> </li> </ul>
Motor Vehicles Registered in Michigan  A list of all motor vehicles that are registered in Michigan in the name of the applicant at the time of application or that are to be self-insured under a certificate of self-insurance issued to the applicant. The vehicles shall be identified by all of the following:  • Year  • Make  • Model  • Vehicle Identification Number (VIN)  • License Plate Number

Send completed application package to:

Assigned Claims Facility 7064 Crowner Drive Lansing, MI 48918 (517) 322-1875